



**TOWN OF HUNTINGTON HIGHWAY OFFICE**

30 Rofay Dr., Huntington, NY 11743

Tele. 631-499-0444 Fax 631-499-3512

Andre Sorrentino  
Superintendent of Highways

**PARADES, RACES, WALK-A-THONS AND OTHER EVENTS**

**REQUEST FORM**

***THIS FORM MUST BE SUBMITTED TO THE HIGHWAY OFFICE AT LEAST 45 DAYS IN ADVANCE OF YOUR EVENT. ALL REQUIRED FORMS MUST BY COMPLETED 3 WEEKS PRIOR TO EVENT.***

ORGANIZATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ RAIN DATE (if any): \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_ ESTIMATE COMPLETION TIME: \_\_\_\_\_

ORGANIZATION CONTACT INFORMATION:

NAME: \_\_\_\_\_

CELLPHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ASSEMBLY AREA: \_\_\_\_\_

ROUTE: \_\_\_\_\_

\_\_\_\_\_

ATTACH GOOGLE MAP HIGHLIGHTING ROUTE

ATTACH A LIST OF ROADS IN THE TOWN OF HUNTINGTON THAT WILL BE TEMPORARILY CLOSED.

\_\_\_\_\_  
**Andre Sorrentino, Superintendent of Highways**

Please send this form to address above. Upon approval of event by Superintendent, You will be required to complete the Application and Agreement form. Form can be picked up at the Highway Office weekdays before 3:30pm or downloaded on our website at [www.huntingtonny.gov/highway](http://www.huntingtonny.gov/highway). When submitting Application and Agreement Form, please attached this sheet with it.

***IMPORTANT – The Agreement form requires two authorized, notarized signatures from the group, and you are required to provide Insurance.***



**TOWN OF HUNTINGTON HIGHWAY OFFICE**

30 Rofay Dr., Huntington, NY 11743  
Tele. 631-499-0444 Fax 631-499-3512

Andre Sorrentino  
Superintendent of Highways

**PARADES, RACES, WALK-A-THONS AND OTHER EVENTS**  
**APPLICATION AND AGREEMENT FORM**

**ALL REQUIRED FORMS MUST BY COMPLETED 3 WEEKS PRIOR TO EVENT.**

The Town of Huntington is granting its consent to:

Hereinafter referred to as the "Organization" to conduct its activities on the streets and highways of the Town and the "Organization" requesting said consent hereby agrees that the "Organization" shall indemnify and hold harmless the Town of Huntington, its agents, volunteers, and employees in the event that any claims of personal injury or property damage is made arising out of the activity being conducted by the "Organization."

It is further agreed to and understood that the Town of Huntington is in no way involved with the "Organization" herein, nor the activity in question, other than to have consented to permit the "Organization" named herein to specified use of the locations outlined in the permit for a limited period of time. **INITIAL.**

Organizations Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**MUST BE SIGNED BY 2 ORGANIZERS, IN THE PRESENCE OF NOTARY PUBLIC AND RETURNED IN ORDER TO RECEIVE A PERMIT.**

AGREED TO AND UNDERSTOOD BY: \_\_\_\_\_  
SIGNATURE and PRINT

AGREED TO AND UNDERSTOOD BY: \_\_\_\_\_  
SIGNATURE and PRINT

DATE: \_\_\_\_\_

**The undersigned represents the group of organization requesting this permit above described and understands that they are bound by the terms of the Agreement.**

State of New York

\_\_\_\_\_ ss

County of Suffolk

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared

\_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

# PARADES, RACES, WALK-A-THONS AND OTHER EVENTS

## INSTRUCTIONS

The Organization **MUST** comply with the following before a permit will be issued:

- Provide a **certificate of insurance** showing General Liability and Property Damage Insurance that is **no less than \$1,000,000 (1 Million) per occurrence and \$2,000,000 (2 Million) general aggregate.**  
The certificate must:
  - a) Name the **Town of Huntington as additional named insured by endorsement**
  - b) Provide for the **Town of Huntington as Certificate Holder**
  - c) Provide that the **Certificate Holder be notified 30 days prior** to cancellation, nonrenewal or material change of action.
  - d) In the description section, **specifically reference the event** or activity that is the subject of the Hold Harmless and Indemnification Agreement.
  - e) **Certificate Holders Address should be: Town of Huntington, 30 Rofay Dr., Huntington, NY 11743.**
- **Contact the Suffolk County Police Dept., 2<sup>nd</sup> precinct, regarding closing roads and assistance with route safety. Please provide documentation setting forth their approval.**
- It is the Organization's responsibility to **notify the residents** along the route at least **two weeks in advance** of the upcoming event. Please indicate your intended method of notification. Ex: letter, Email, traffic device, etc.
- The **organization is responsible to determine the number of barricades and cones** required. Please complete the barricade/cone form and attached with your application.
- If your **event involves roads other than Town of Huntington**, please contact the following agencies that encompass your roads. **Please provide the Highway office with documentation setting forth their approval.**

### Suffolk County Road:

Suffolk County Department of Public Works  
Permit Division  
335 Yaphank Ave.  
Yaphank, NY 11981  
Office – 631-852-4100

### N.Y. State Road:

Attn: Special Use Permits  
NYSDOT – Traffic Engineering & Safety  
NYS Office Bldg. Room 6A-7  
250 Veterans Memorial Hwy.  
Hauppauge, NY 11788-5518

Mr. Tariq: 631-952-6038

Mr. Joseph: 631-420-4270

Fax – 631-952-4967

Website: [www.dot.ny.gov](http://www.dot.ny.gov)

Email:

Mr. Melik Tariq

[Melik.Tariq@dot.ny.gov](mailto:Melik.Tariq@dot.ny.gov)

Mr. Wolff Joseph

[Wolff.Joseph@dot.ny.gov](mailto:Wolff.Joseph@dot.ny.gov)



**TOWN OF HUNTINGTON HIGHWAY OFFICE**

30 Rofay Dr., Huntington, NY 11743  
Tele. 631-499-0444 Fax 631-499-3512

Andre Sorrentino  
Superintendent of Highways

**PARADE/RUN/WALKATHON/EVENT**  
**BARRICADE REQUEST FORM**

**Organization:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Organizer in Charge of these items:** \_\_\_\_\_

**Cellphone #:** \_\_\_\_\_ **email address:** \_\_\_\_\_

**Time of Event:** \_\_\_\_\_

**Rain Date if any:** \_\_\_\_\_

**Amount of Barricades:** \_\_\_\_\_

**Barricade Delivery Date:** *(Always Fridays before weekend events)* \_\_\_\_\_

**Locations for delivery of barricades: (attach list if necessary)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*We ask the Organization for help in returning the barricades back to their delivery points.*

**Please Sign:** X \_\_\_\_\_